

# PROCEDURE FOR HANDLING SICK, INJURED OR DECEASED PERSONS

Directive: 6.22

## A. General Procedures

When an officer of the Department of Police is summoned to a scene where a person is sick or injured, the officer will request an ambulance and administer first aid until the ambulance arrives. Should a sick or injured person refuse medical assistance, the police and/or ambulance personnel should make every effort to convince the patient that he is in need of immediate medical attention. If the person still refuses, the police and ambulance will clear the scene and return to service.

When a call for an ambulance is received by the Department of Police Communications Unit, the request will be handled in the same manner as an emergency fire call.

When an officer arrives on a scene prior to a paramedic or professional ambulance crew, he will render first aid to the sick/injured person. Upon the arrival of a paramedic unit, the officer will [REDACTED]

In circumstances where an officer arrives on the scene and finds a paramedic unit has already arrived, the officer will ascertain [REDACTED]. Additionally, police officers will remain with the paramedic unit until the personnel departs from the scene.

Once the ambulance or paramedic team has arrived on the scene of a sick or injured person, they shall make the decision as to when and where to transport the person. The person will be considered alive and shall be transported to the hospital on all occasions, except when in the following circumstances, the paramedic may contact the base control physician to request that the patient be pronounced dead at the scene:

1. Injuries which are obviously incompatible with life.
  - a. Decapitation
  - b. Torso Transection
  - c. Severe crush injury to head (no vital signs)
  - d. Severe crush injury to chest (no vital signs)
  - e. Severe thermal burns (no vital signs)
  - f. Gunshot wounds to the head with lateral entrance wound and an opposite side exit wound (no vital signs)

2. Decomposition of the body.
  - a. Skeletalization
  - b. Severe bloating (without vital signs)
  - c. Skin Slough (without vital signs)
  
3. Absence of signs of life. \*\*
  - a. No pulse
  - b. No blood pressure
  - c. No respirations
  - d. Fixed and dilated pupils
  - e. Generalized/body wide rigor mortis
  - f. Cool/cold core body temperature
  - g. Asystole (no heartbeat) on the ECG monitor

If any of the above circumstances exists, the Medical Examiner's Office will be notified **by WILCOM** to respond.

B. Identity

The officer will, in all cases where a person cannot be questioned about the circumstances of his illness or injury, conduct an investigation to determine whether or not the illness or injury was natural, accidental or criminal in nature. The investigation will include establishing the identity of the victim and an accurate description of the person including his clothing, jewelry, and any other identifiable characteristics.

C. Notification

In any case where an injured person is transported to a hospital, the nearest relative or friend will be notified by the hospital authorities. If the hospital is unable to notify the nearest relative by telephone, and a request is made for notification of a City resident, a patrol unit will be dispatched to make notification. If said relative resides outside the City limits, the hospital will be referred to the proper police agency. In all cases of death, notification of next of kin will be handled by the Medical Examiner's Office.

D. Property

In the absence of special circumstances, the Department of Police is not responsible for securing the premises of the sick, injured, or deceased person who is transported to the hospital or Medical Examiner's Office, if other persons who reside with the victim are present at the scene.

If the victim lives alone and is removed to a hospital or dies within the home, the officer is responsible for securing the premises.





Directive 6.9, E and F.